

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/762562

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		0		2		
5		0		2		
6		0		2		
7		0		2		
8	1		1			
9	1		1			
10	1		1			
11		0		0		
12		0		0		
13		0		2		
14		0		0		
15		1		1		
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TOTAL IND.	5		5			
TOTAL DEP.	11		16			
TOTAL CLAIMS	16		21			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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